

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 581911	RECEIPT DATE:	06 / 19 / 00
IA NUMBER:	PCT/ SE98 / 02386	IA FILING DATE:	12 / 18 / 98
FAMILY NAME:	ERIKSSON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JAN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	12 / 19 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	49549-60259	COUNTRY:	
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EMAIL:

APPLICATION TITLES:

ANIMAL RELATED APPARATUS

TAB TO LAST POSITION,PUSH SEND



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CONFIRMATION NO. 4412

SERIAL NUMBER 09/581,911	FILING DATE 06/19/2000 RULE	CLASS 119	GROUP ART UNIT 3643	ATTORNEY DOCKET NO. 49549-60259
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APPLICANTS

JAN ERIKSSON, UTTRAN, SWEDEN;

** CONTINUING DATA *****
This application is a 371 of PCT/SE98/02386 12/18/1998

** FOREIGN APPLICATIONS *****
SWEDEN 9704780-7 12/19/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 07/28/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
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FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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SERIAL NUMBER 09/581,911	FILING DATE 06/19/2000 RULE -	CLASS 119	GROUP ART UNIT 3643	ATTORNEY DOCKET NO. 49549-60259
APPLICANTS JAN ERIKSSON, UTTRAN, SWEDEN;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/SE98/02386 12/18/1998 <i>amw 8/28/01</i>				
** FOREIGN APPLICATIONS ***** SWEDEN 9704780-7 12/19/1997 <i>amw 8/28/01</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/28/2000 -				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Andrew Valente</i> Examiner's Signature Initials		STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 10
				INDEPENDENT CLAIMS 1
ADDRESS 466 -				
TITLE ANIMAL RELATED APPARATUS				
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	